



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2005 APR 14 AM 10:06
STATE OF IDAHO

1. The name of the limited liability company is:

POST FALLS SPECIALTY DENTAL, L.L.C.

2. The street address of the initial registered office is:

2512 E. Black Forest Avenue, Post Falls, ID 83854

and the name of the initial registered agent at the above address is:

Keith D. Brown

3. The mailing address for future correspondence is:

12109 E Broadway Avenue, Spokane, WA 99206-6133

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Mark C. Paxton, DDS, PS</u>	<u>12109 E Broadway Bldg C Spokane WA 99206</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Donald K. Querna*

Typed Name: Donald K. Querna

Capacity: Organizer

Signature:

Typed Name:

Capacity:

Secretary of State use only

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04/14/2005 05:00
CK: 79278 CT: 5058 BH: 804608
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